

Congress of the United States
Washington, DC 20515

April 6, 2017

The Honorable Tom Cole
Chairman
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
2358-B Rayburn HOB
Washington, DC 20515

The Honorable Rosa DeLauro
Ranking Member
Subcommittee on Labor, Health
and Human Services, Education,
and Related Agencies
Committee on Appropriations
1016 Longworth HOB
Washington, DC 20515

Dear Chairman Cole and Ranking Member DeLauro:

As you begin deliberations on the Fiscal Year 2018 Labor, Health and Human Services, Education, and Related Agencies Appropriations bill, we respectfully request that you allocate \$68 million for the Division of Viral Hepatitis (DVH) at the Centers for Disease Control and Prevention (CDC), an increase of \$34 million over the FY2016 enacted level.

The CDC's 2010 Professional Judgement Budget for Comprehensive Viral Hepatitis Prevention and Control in the U.S., as requested by and submitted to the Senate Appropriations Committee, recommended \$90.8 million annually from FY2011 to FY2013, \$170.3 million annually from FY2014 to FY2017, and \$306.3 million annually from FY2018 to FY2020 in order for DVH to comprehensively address the viral hepatitis epidemics.

While past increases have been helpful, these have only been small steps toward building a more comprehensive response to viral hepatitis. Our recommendation of \$68 million pales in comparison to the CDC's Professional Budget that outlined a need for \$306.3 million for FY2018. These increased funds would be used to:

- Expand adoption of CDC/United States Preventive Services Task Force (USPSTF) recommendations for hepatitis B and hepatitis C testing and linkage to care by health systems and providers to prevent disease and premature death;
- Develop monitoring systems and prevention strategies to stop the emerging hepatitis C epidemic among young persons and others at risk;
- Enhance vaccination-based strategies to eliminate mother-to-child transmission of hepatitis B; and

- Strengthen state and local capacity to detect new infections, coordinate prevention activities, provide feedback to providers for quality improvement, and track progress toward prevention goals.

Hepatitis B virus (HBV) and hepatitis C virus (HCV) are completely preventable, but only when we commit the resources necessary can we treat or cure the nearly 5.3 million people in the United States living with HBV and HCV, 50 to 65 percent of whom are completely unaware of their infection. Only with a significant commitment can we prevent the number of people newly infected with HCV increasing drastically, as we've witnessed in 35 out of 41 responding states reporting to the CDC. In the absence of an adequate comprehensive and coordinated surveillance system, these estimates are only the tip of the iceberg. Our failure to act has significant consequences for our constituents across the United States.

HBV and HCV remain the leading causes of liver cancer – one of the most lethal, most expensive to battle, and fastest growing cancers in America. As noted by the CDC, viral hepatitis mortality rates have increased substantially in the United States over the past decade. In fact, deaths associated with HCV now surpass deaths associated with all 59 other notifiable infectious diseases combined, according to recent data from the CDC. For ten years, since 2007, deaths from HCV have surpassed deaths from HIV. Addressing co-infection rates, as high as 25 percent for HCV and 10 percent for HBV, remains a significant challenge. Until more is done to address hepatitis it will remain the leading non-AIDS cause of death in people living with HIV.

As funding at the Division of Viral Hepatitis, has remained mostly flat, transmission of HBV and HCV continues to rise. The number of people ages 15 to 29 being diagnosed with HCV infection now exceeds the number of people diagnosed in all other age groups combined. As seen in 2016 in Indiana, an outbreak of 185 cases of HIV and HCV demonstrated the result of a public health infrastructure lacking in the basic resources necessary to stop the spread of completely preventable infections.

No community is exempt from the impact of HBV and HCV. Rising rates of new transmissions and high rates of chronic infection among disproportionately impacted racial and ethnic populations continue to drive a dramatic public health inequity. Asian Americans comprise more than half of the known HBV population in the United States and, consequently, maintain the highest rate of liver cancer among all ethnic groups. American Indian/Alaska Native communities have the highest incidence rates of HCV among all races and ethnicities.

Furthermore, the “baby boomer” population (those born between 1945 through 1965) currently accounts for three out of every four cases of chronic HCV. As these Americans continue to age, they are likely to develop complications from HCV and require costly medical interventions that can be avoided if they are tested earlier and provided with curative treatment options

We appreciate the Committee's support for viral hepatitis prevention and strongly encourage you to increase your commitment this year. We have the tools to prevent the major causes of liver disease and liver cancer, including a HBV vaccine and effective treatments that reduce disease progression and new diagnostics for HCV and treatments that increase cure rates to over 90 percent. Making this relatively modest investment in the prevention and detection of viral

hepatitis is a key component in addressing a vital public health inequity and will strengthen our public health infrastructure as well as combat the devastating and expensive complications caused by viral hepatitis.

Sincerely,



GRACE MENG
Member of Congress



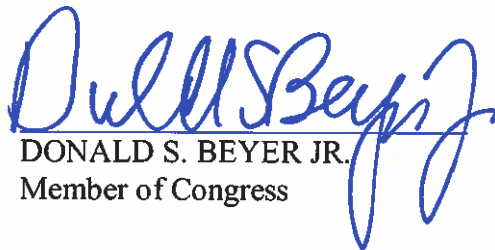
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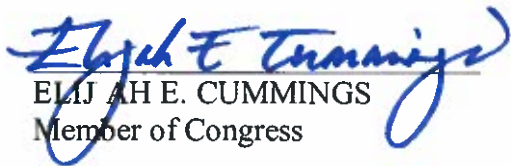
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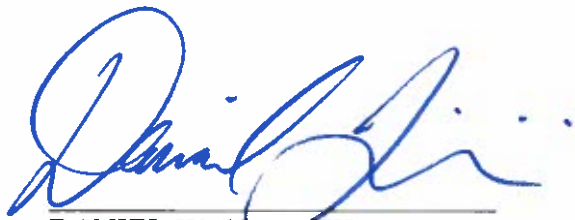

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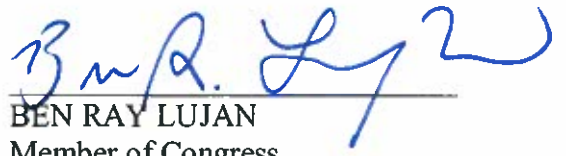

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